

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15761

State File No. _____

Registrar's No. 9

Registration District No. 6248

Primary Registration District No. 6248

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richwoods Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 months years, months or days

3. (a) PRINT FULL NAME Mary Alice Stroupe

3. (b) If veteran, ☒ name war _____ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife Jack Stroupe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 15 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Crawford Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Daniel Turnip Seed

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Sally Seed

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Etta Bailey

(b) Address Richwoods, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hoxine Cemetery

18. (a) Signature of funeral director Roger Fitchell

(b) Address Richwoods

19. (a) 4-24-43 (b) R. B. Larned (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Richwoods, Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 4-21 1943, to 4-23 1943; that I last saw her alive on 4-21 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Overman

Due to infectious

Due to age

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 4-20-43

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature O. W. Parker (M. D. or other)

Address Richwoods, Missouri Date signed 4/25/43

RECEIVED

District Health Officer No. 4

District File Number 543-2117

Date Filed 5-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Sherwood Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.